

RI SOS Filing Number: 202331464960 Date: 3/23/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

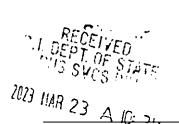
Annual Report for the year: Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



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1. Entity ID Number	2. Exact name of the Corporation						
83855	Cranston Vol. Firefighters Museum of Meshanticut Park / OakLawn, INC.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Firefighters Museum that displays artifacts and equipment of four (4) volunteer						
4. NAICS Code	fire company's that operated in the City of Cranston until 1995.						
813910 - Business Association							
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·		City	State	Zip		
470 Hope Road			Cranston	RI	02921		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name James Searles			Vice-President Name Peter Melim				
Street Address 111 Kenyon Avenue			Street Address 51 Massachusetts Avenue				
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02888		
Secretary Name Paul Sherman	Treasurer Name Vincent Vinci		<u> </u>	·			
Street Address 200 Cannon Street Unit #144		Street Address 99 Hines Farm Road					
^{City} Cranston	State RI	^{Zip} 20290	^{City} Cranston	State RI	^{Zip} 02921		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Kenneth Smith		Director Name Richard Cavalloro					
Street Address 32 Briarwood Hill Road		Street Address 120 Tillinghast Road					
^{City} Exeter	State RI	^{Zip} 02822	^{City} Covenrty	State RI	^{Zip} 02816		
Director Name Thomas Saccoccia			Director Name John Saccoccia				
Street Address 2 Red Fern Drive		Street Address 85 Tomahawk Trail					
^{City} Cranston	State Ri	^{Zip} 02920	^{City} Cranston	State RI	^{Zip} 20921		
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
This report must be signed by either the President, Vice-Prusident, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Repres	sentative			Date			
Paul D. Sherman				3/6/2023			
Signature of Officer/Authorized Representative FILED							
I with the							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 3 2023 BY ML 22

FORM 631 - Revised: 2/2023